LGBT Slide Sets

2013

By: Jessica Lapinski
Purpose
To implement integrative curricula that embraces osteopathy’s holistic approach to patient care. To promote cultural proficiency as valued at both the individual and institutional level.

By allowing diversity to redefine and reshape our current medical education, we hope to create multicultural physicians that can competently and compassionately practice osteopathic medicine.

Program Founders:

- Jessica Lapinski, BS, BA, OMS III (Medical Education Fellow)
- Patricia Sexton, MS, DHEd
Please note that as research advances within the field of LGBT health these slides may need to be updated and/or modified to mirror the most up-to-date evidence based medicine.
Deciphering the Alphabet:

- L – lesbian
- G – gay
- B – bisexual
- T – transgender
- Q – queer

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Deciphering the Alphabet:

- Lesbian  A woman who is sexually attracted to another woman or who has sex with another woman, even if it is only sometimes
- Gay  A man who is sexually attracted to other men or who has sex with another man, even if it is only sometimes
- Bisexual  A person who is sexually attracted to, or sexually active with, both men and women
- Transgender  Person whose gender identity or gender expression is not congruent with their biological sex
- Queer  People who are not heterosexual, heteronormative, or gender binary

- A lesbian is currently only having sex with a woman, even if she has had sex with men in the past.
- A gay man is currently only having sex with a man, even if he has had sex with women in the past.
- Gay  Note, this term can be used to refer to a homosexual person of either sex (ie. some lesbians prefer to use the word “gay”)
- Transgender  Oftentimes used as umbrella term encompassing transsexuals, transvestites, and cross-dressers.
- Queer  Originally a derogatory term for gay, it is now being reclaimed by some gay men, lesbians, bisexuals and transgendered persons as a self-affirming umbrella term.
LGBTQ Basic Vocabulary

- Sexual Identity/Orientation → an intrinsic quality referring to one’s romantic or sexual attraction
- Gender identity → Person’s sense of self as being either male or female
- Androgynous → Person who strives to attain a gender-neutral or nongender status
- Closeted → Not being open about one’s sexual orientation

- Gender identity does not always match biological sex

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LGBTQ Vocab 2

- Women who have sex with women (WSW) → Women who engage in same-sex behavior, but may not necessarily identify as lesbian
- Men who have sex with men (MSM) → Men who engage in same-sex behavior, but who may not necessarily self-identify as gay
- Male-to-female (MTF) transsexuals → Individuals who are in the process of transitioning from male to female
- Female-to-male (FTM) transsexuals → Individuals who are in the process of transitioning from female to male
LGBTQ Vocab 3

- Heterosexism → Belief that heterosexuality is the only “natural” sexuality and that it is inherently healthier or superior to other types of sexuality
- Homophobia → Irrational fear or hatred of lesbian, gay, bisexual, or transgender people
- Internalized homophobia → Internalized self-hatred that gays and lesbians struggle with as a result of heterosexual prejudice
- Bias could be both implicit or explicit

- For more information on “implicit” vs. “explicit” bias go to implicit.harvard.edu

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The LGBTQ Community

- Diversity → wide range of races, ethnicities, ages, socioeconomic status, religions
  - Tend to have multiple cultural backgrounds
  - Struggles can result when incongruences exist between these personal identities
- Considered social and gender minorities
- Long history of discrimination and lack of awareness
- Until 1973, homosexuality listed as disorder in DSM (Diagnostic and Statistical Manual of Mental Disorders)

- Example of incongruence = When one’s religious identity does not allow one to express their sexual identity
- For more information see:

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Human Sexuality

• Sexual orientation consists of:
  1.) Attraction
  2.) Identity
  3.) Behavior

• The above constituents are NOT always congruent within a person; ie:
  – People who engage in same-sex sexual behavior but do not identify as lesbian, gay, or bisexual
  – People who experience same-sex attraction but do not engage in sexual activity with members of the same sex

• Gender identity, gender expression, biological sex and sexual orientation can be viewed as a spectrum

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Identity vs. Orientation vs. Sex: The Genderbread Person

- Image available via public domain and retrieved from http://itspronouncedmetrosexual.com/2012/01/the-genderbread-person/
- For a brief presentation explaining the complexities of gender please see - http://www.youtube.com/watch?v=NRcPxtqKjE
Diagnostic and Statistical Manual (DSM) and the LGBT Population

• Homosexuality:
  – In 1973 → remove homosexuality from DSM
  – In 1974 → addition of new diagnosis of Ego-dystonic homosexuality*
  – In 1986 → diagnosis completely removed from DSM
  – Still in ICD-9

• Transgender
  – New addition/change in DSM-5 (2013)
    • Before = “Gender identity disorder”
    • Now = “Gender Dysphoria”
      – Acknowledgement that being transgender in and of itself is NOT pathological as long as it does not cause emotional distress

- * Definition = psychosexual disorder in which individual has persistent distress associated with same-sex preference and is unable to initiate or maintain heterosexual relationships
- For more information see:
LGBT Health Disparities 1:

- Research suggests that LGBTQ individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights.
- Discrimination against LGBTQ persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide.
- Experiences of violence and victimization are frequent for LGBTQ individuals, and have long-lasting effects on the individual and the community.

- For more information see:

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LGBT Health Disparities 2:

- Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBTQ individuals.
- Members of LGBT community more likely to experience difficulty accessing health care
  - Increased risk of being denied medical care
- Those in same-sex relationships significantly less likely to have health insurance and more likely to report unmet health needs
  - Discriminatory insurance policies
- Shortage of health care providers who are knowledgeable and culturally competent in LGBTQ health

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Benefits of Eliminating LGBT Health Disparities

• Eliminating LGBTQ health disparities and enhancing efforts to improve LGBTQ health are necessary to ensure that LGBTQ individuals can lead long, healthy lives

• The many benefits of addressing health concerns and reducing disparities include:
  – Reductions in disease transmission and progression
  – Increased mental and physical well-being
  – Reduced health care costs
  – Increased longevity
Cardiovascular Risk

• Studies have shown that the lesbian, gay and bisexual population are at an increased risk for developing heart disease
• This higher risk is due to an increased prevalence of risk factors that are associated with developing heart disease
  – Lesbians have an increased prevalence of
    • Physical inactivity
    • Obesity
    • Smoking
  – Gay and Bisexual men have an increased prevalence of
    • Tobacco usage
    • Alcohol usage
  – Bisexual women are more likely to report:
    • Higher smoking rates
    • Higher blood pressure levels
    • Higher BMI
    • Higher cholesterol levels
    • Higher alcohol usage

For further information see:
- National Women’s Health Information Center ➔
  http://womenshealth.gov/faq/lesbian-health.cfm

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Fitness & Obesity – Lesbian Population

- Research suggests that lesbians are not as physically active as their heterosexual counterparts
- Lesbians are more likely to be overweight or obese
- Highest rates of obesity within the lesbian population occur in lesbians who:
  - African-American
  - Live in rural or urban areas
  - Lower levels of education
  - Lower socioeconomic levels

- Barriers to physical activity within the lesbian population includes higher levels of fatigue and low levels of lesbian-friendly activity groups and partners
- For further information see:

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Eating Disorders in Gay Men

- Gay men are more likely to have issues with personal body image
  - Diet more
  - More fearful of being fat
  - Higher level of dissatisfaction with their bodies
  - Hold distorted beliefs about importance of having ideal physique
- More likely to suffer from eating disorders such as:
  - Bulimia
  - Anorexia Nervosa

For further information see:

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Cancer rates in the Lesbian, Gay and Bisexual population

- Lesbians
  - Higher rates of breast cancer
  - Higher rates of cervical cancer
- Gay men
  - Higher rates of prostate and testicular cancer
  - Higher rates of colon cancer
  - Higher rates of anal cancer
- Bisexual men and women
  - Higher rates of breast cancer
  - Higher rates of anal cancer

- Why higher rates in lesbians? Though more research needs to be done in this area studies have suggested that differences may be due to:
  - Lower rates of screening = both mammograms and Pap smears
  - Greater nulliparity
- Gay men who engage in receptive anal sex are more likely to be repeatedly exposed to HPV which increases their risk of developing anal cancer
  - Anal Cancer- At the Dentate Line (Transformation Zone) there is a transition between squamous and columnar epithelial cells → Increased incidence of HPV infections that can lead to Anal Epithelial dysplasia → Neoplasia (Classified by the Bethesda Scale—similar to Cervical Cancer)
- For further information see:
Violence and Victimization: The Basics

- Experiences of violence and victimization are frequent for LGBT individuals, and have long-lasting effects on individual and community
- LGBT community is subject to criminal violence based on their status as a sexual minority
- Compared to their heterosexual siblings, LGB individuals experienced higher prevalence rates of abuse perpetuated by family members
  - 80-85% reported verbal/emotional abuse
  - 11-60% reported physical abuse
  - 9-26% reported sexual abuse

- For more information see:

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Violence and Victimization: High School and Dating years

- LGBT high school students are more likely to be threatened and/or injured with a weapon while at school
- LGBT students more likely to be forced to have sexual intercourse
- Lesbian and bisexual girls reported highest rate of sexual abuse and were more likely to experience physical abuse
- Same-sex teen-dating violence → 43.4% of lesbian teens, and 38.3% of bisexual females reported experiencing some form of abuse within a dating relationship including:
  - Control
  - Emotional abuse
  - Fear for safety
  - Sexual abuse
  - Threats of being ‘outed’

- For more information see:

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Violence and Victimization: Intimate Partner Violence

- Domestic violence among same-sex couples occurs at similar rates to that of heterosexual couples
- One out of four to one out of three same-sex relationships has experienced domestic violence
- Distinct issues to consider in gay and lesbian relationships:
  - Gay or lesbian batterers will threaten “outing” their victims to work colleagues, family, and friends
  - Due to the fact that many victims are still closeted, they are more likely to be subject to extreme isolation by their batterers
  - Lesbian and gay victims are more reluctant to report abuse to legal authorities
  - Gay and lesbian victims are reluctant to seek help out of fear of displaying lack of solidarity to the LGBT community
  - Due to legal concerns in regard to custody and homophobia, many batterers use children as leverage to keep their victims silent

For more information see:
Violence and Victimization: Why does it continue?

- Perpetuation of homophobic beliefs by a variety of institutions
- Societal normalization of violence against minority groups
- Underreporting of violence by LGB community due to homophobic propaganda → less likely to report due to apprehension of portraying their group in negative manner

- For more information see:

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Some of the main causes of stress linked to smoking include perceived sigma, homelessness, coming out at early age, lack of social support, discrimination, rejection by family/peers, and homophobia.

For further information see:


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Mental Health

- Negative experiences resulting from LGBT stigma can lead to chronic stress and emotional distress
- LGBT population displays higher rates of depression, psychiatric disorders, anxiety and both suicidal ideation and attempts
  - Experiencing major depressive episode → 36.2% (transgender) vs 24.4% (LGB) vs 6.8% (heterosexual)
  - Levels of psychological distress → 18.2% (LGBT) vs 9.2% (heterosexual)
  - Anxiety Disorders → 31% (LGB) vs 14% (heterosexual)
  - LGB have at least 2.5x higher rates of suicide attempts compared to heterosexual
  - 38-65% Transgender people report suicidal attempts

- For further information see:
  - McLaughlin KA, Hatzenbuehler ML, Keyes KM. Responses to discrimination and psychiatric disorders among black, Hispanic, female, and lesbian, gay, and bisexual individuals. Am J Public Health. 2010;100(8):1477–84.
Trauma, Violence, & Abuse, 5, 318-332.
Substance Abuse

- Alcohol and other drug abuse may be more common in the LGBT population
- 3,4- methylenedioxymethamphetamine (MDMA), aka ecstasy, appears to be popular at gay clubbing scene
- Drugs most commonly used by MTF transgender
  - Marijuana (64%)
  - Speed (30%)
  - Crock cocaine (21%)
  - Methamphetamine use (4-46%)
- Bisexual adults have higher rates of binge drinking
  - Bisexual women = 23.7%
  - Bisexual men = 19.8%
  - Heterosexual women = 8.3%
  - Heterosexual men = 20.3%

- For more information see:

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Barriers to improving LGBT Behavioral Health

- Limited access to substance abuse and mental health treatment services
- Provider hostility and insensitivity
- Lack of acceptance and/or homophobia in recovery groups
- For transgender patients strict gender segregation
- Additional cross-cultural factors that affect recovery
- Legal issues
- Confidentiality issues
- Transgender exclusion clauses in health insurance

- For further information:

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Sexual Health

• The LGBT population has distinct prevalence rates for a variety of sexually transmitted diseases
• The LGBT population is more likely to engage in a variety of risky sexual behaviors
• Practitioners need to stress the importance of safe sex
• Higher prevalence of sex work in transgender community due to social stigma and employment discrimination

For more information see:
MSM – HIV/AIDS

- Men who have sex with men (MSM) account for 48% of the 1 million people living with HIV in the US
- The rate of new HIV diagnosis in MSM in US is 44x that of other men
- African-American MSM have the highest risk for HIV infection
- African-American and Hispanic MSM are more likely to be diagnosed with HIV at a younger age
- Young, black MSM, have highest rates of increase in incidence of HIV

- There was a 50% increase from 2006 to 2009 in young, black MSM
- For more information see:

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Common STI's in MSM

- Syphilis
  - MSM account for 63% of reported syphilis infections
  - High rates of syphilis and HIV co-infection ranging from 20% - 70%
- Gonorrhea
  - MSM account for more than 1/3 of gonorrhea infections
  - High prevalence of antibiotic-resistant gonorrhea
- Hepatitis A, B, C
  - Hep A → fecal-oral route
- Human Papillomavirus (HPV)
  - Causes anal and genital warts
  - Increased rates of anal cancer among gay men (17x more likely to develop)

- For more information see:
  - Centers for Disease Control and Prevention. (December 2007). CDC fact sheet, syphilis & MSM (Men who have sex with men).
Bisexual Women – Sexual Health

- Bisexual women report higher risky sexual behavior including:
  - Having sex with HIV positive men
  - Having multiple male sexual partners
  - Concurrent drug usage while engaging in sex
  - Having sex with MSM

- Bisexual women with large numbers of female parents have higher rates of:
  - Bacterial vaginosis
  - Trichomonas vaginalis
  - Herpes

- For more information:
Cross-sex hormone administration is currently an off-label use of both estrogens and androgens.

For more information see:
- World Professional Association for Transgender Health at WPATH.org
  [http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGen dprotocols122006.pdf](http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGen dprotocols122006.pdf)

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Transwomen:

• Anti-androgen therapy
  – Spironolactone → Initial dose of 100mg daily, with titration up by 50mg weekly to a typical dose of 200mg daily
    • Check potassium
    • If patients have significant hair loss → Finasteride as adjunct
• Estrogen therapy
  – Estradiol
    • 1-4mg sublingual estradiol/day
    • 100-200mcg transdermal estradiol/day
    • 10-20mg estradiol valerate IM evry 1-2 weeks
  – Medroxyprogesterone
    • Daily 5 to 10mg oral medroxyprogesterone
    • Depo-Provera 150mg IM every 3 months
• Use of non-medical silicone injections into hips, lips, face and breasts

- Transwomen = an individual who was assigned a male gender at birth, but lives and identifies as female
- Non-oral estrogens preferred (ie. sublingual, transdermal, and injectable) → avoid first pass through liver metabolism
- For more information see:
**Transmen**

- **Testosterone**
  - Depo-testosterone 50-200mg IM every 2 weeks
  - Doses titrated to effect
  - Excessive testosterone → convert to estrogen → impeded desired effects
  - Don’t forget to discuss allergies with patients
- Remember to tell your patients that testosterone is NOT a contraceptive

- Transman = an individual who was assigned a female gender at birth, but lives and identifies as male
- Testosterone → intramuscular, transdermal patch or gel, or subcutaneous implant
- Testosterone therapy not withheld for hyperlipidemia
- Allergies → remember that different forms are suspended in a variety of materials (such as peanut oil)
- Transmen having unprotected sex with fertile non-trans males are at risk for pregnancy if they have not had a hysterectomy
- For more information see:

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Hormone Therapy Considerations

- **Absolute contraindications:**
  - Estrogen- or testosterone-sensitive cancer
- **Important Considerations:**
  - Obesity
  - Cardiovascular disease
  - Dyslipidemias
  - History of venous thromboembolism
- **Documented Risks/Associations:**
  - Estrogen-progesterin combo → venous thromboembolic disease and increased levels of prolactin
  - Testosterone → Elevated liver enzymes, loss of bone mineral density and ovarian cancer

- For more information see:

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Gender Affirmation Surgery

- Some transgender patients will wish to undergo reassignment surgery
- Customized care to meet patients given needs:
  - Diagnostic
  - Hormone therapy
  - Real life experience
  - Gender reassignment surgery

** Remember there is a difference between “cosmetic” and “medically necessary” surgery **
Female to Male

- Subcutaneous mastectomy (Often combined with hysterectomy)- surgical removal of breast tissue and excess skin
  - Complications: hematoma, nipple necrosis & abscess formation
- Vaginectomy- reconstruction of fixed part of urethra, croloplasty, & phalloplasty (later testicular protheses is inserted)
  - Phalloplasty- reconstruction of aesthetically appealing neophallus w/ erogenous & tactile sensation
  - 2 ½ wk recovery, tattooing of glans is done 2-3 months later, before sensation occurs

- For more information see:
Male to Female

- **Vaginoplasty**
  - Catheterization, removal of scrotal skin to create the labia majora, stent is passed with the scrotal graft (attached to inverted penile skin) through opening of penis and pulled downward

- **Breast augmentation**
  - If patient wishes for breast to be larger than what is produced through hormone therapy (usually an “A” cup size)

- **Voice feminization**
  - Vocal cords are shortened

- Remember that people who have male-to-female gender reassignment surgery still retain a prostate!
- For more information see:

Transgender – Terms to Avoid

• Avoid:
  – Transgenders
  – A transgender
  – Transgendered
  – Sex change
  – Pre-operative
  – Post-operative

• Terms to Use:
  – Transgender people
  – Transgender
  – Transition


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LGBT Family Planning

- Many LGBT individuals raise children or have a desire to start a family
  - 2002 National Survey of Family Growth estimates that 52% of gay men and 41% of lesbian women expressed a desire to have children
- Pathways to child-rearing for lesbian and gay couples:
  - Children from previous, opposite-sex relationships
  - Adoption:
    - Expensive
    - International ban on same-sex couples adoption
    - In US → some places ban and many are unwilling to allow same-sex adoption
  - Donor insemination and surrogacy
    - Expensive

- For further information see:

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The Geriatric LGBT Population

- LGBT individuals face unique challenges as they age
- Being raised in a period of less social acceptance, current LGBT seniors are more likely to report fears of stigma and discrimination
- Changes in living arrangements, such as moving into assisted living facilities, are more likely to make LGBT elders conceal their sexual orientation
- LGBT elders are less likely to have children and as such have fewer options for family support when ill or disabled
- Due to difficulty in accessing spousal, survival, or death benefits through Social Security, older LGBT adults may experience poverty after the death of a partner

- For more information see:
  - [http://www.sageusa.org/](http://www.sageusa.org/)
General Health Risk Factors - Lesbians

- Increased rates of Tobacco Use
- Increased rates of Substance Abuse
- Higher comorbidity rates
  - African American and Latina more likely to have higher BMI
- Higher incidence of Mental Health Issues
- Higher incidence of unreported Domestic Violence
- Less likely to receive age-appropriate screening leading to increased cancer rates
- Lack of Health Insurance → Major Health Disparities
General Health Risk Factors – Gay Men

- Depression and Mental Health Issues
- Increased Incidence of Successful Suicide
- Increased Incidence of Illegal Substance Abuse
- Increased incidence of STIs
- Homophobia, Stigma, and Discrimination
- Hepatitis A Infections
- HIV/AIDS

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- *Note that there are also complications from not obtaining medically necessary care and having to deal with congruencies between ones identity and physical appearance.*

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Transgender – Initial Office Visit

- Find out the pt’s chosen name and pronoun (make sure all office staff is trained to respect this)
- Do not pressure pt to talk about their sexual ID
- Do not make assumptions about their behavior or bodies
- Do not focus the entire visit on the pt’s transition and/or sexual behavior
- Base physical exam on organs present not perceived gender
- Avoid unrelated probing
Transgender – Don’t Overlook!

- May take time and additional sensitivity to develop rapport with patient
  - Often have bad experiences with medical staff in their past
  - Remember that many transgender patients may not initially reveal their status
- Pre-screen referrals to ensure they are also LGBTQ friendly
- Transgender women may not bring up symptoms such as chest pain – fear their doctor will take them off estrogen if they develop CVD
- They may not want hormones or surgery
Common Misperceptions about the LGBTQ population:

- LGBTQ population is promiscuous and not monogamous
- Every LGBTQ relationship falls into same gender roles as traditional heterosexual relationship
- Openly homosexual teachers, professors, professionals and other role models are dangerous because they recruit people to their homosexual lifestyles
- Gay men/ Lesbians are attracted to ALL people of same sex
- Homosexuality is a choice
- Gender identity is a choice
- Increased acceptance of LGBTQ population in our society is aiding in deterioration of morality
Sexual History: The Basics

- Ask routinely in **open, non-judgmental fashion**, emphasizing the importance of understanding sexual history to provide quality care.
- Remind the Patient that it’s **confidential**.

- Are you sexually active? Have you ever been sexually active?
- Do you have sex with **men, women or both**?
- **How many people** have you had sex with?
- Do you **use precautions from STDs**? Have you ever **been tested for HIV**, the virus that causes AIDS?

- Is there **anything else about your sexual practices** that I need to **know about to ensure you good health care**?

- Many patients have questions about sexuality or sexual practices. Do you have any questions or issues that concern you?

- Remember to recognize the fluidity of human sexuality
Creating a Welcoming Environment

- LGBT patients tend to search for subtle cues in environment to determine acceptance:
  - Intake forms inclusive of range of sexual orientations and gender identities*
  - LGBT-friendly symbols or stickers
  - Posters showing diverse same-sex couples or transgender people
  - Brochures about LGBT health concerns, such as breast cancer, hormone therapy, mental health, sexually transmitted infections, etc

- Develop and display non-discrimination policies that include sexual orientation and gender identity
  - Train all staff to be respectful of LGBT patients

- Foster welcoming environment within examination room
- Take open, non-judgmental sexual and social history
- Train all office staff to be LGBT friendly

*Remember to explicitly mention sexual orientation and gender identity on demographic information. Omitting this information limits the ability of healthcare professionals and service providers to completely address their patients needs.

For more information see:


Creating an LGBT-Friendly Campus Climate

- Non-discrimination policy includes sex, sexual orientation and gender expression
- Presence of LGBT specific interest group or club:
  - Regularly offer activities and events to increase awareness
  - Offers social events specifically for LGBT students and allies
- Standard forms allow for inclusive methods for transgender students to self-identify their gender identity/expression
- Integration of LGBT specific issues into existing courses
- Presence of LGBT-inclusive books and periodicals on sexual orientation topics in campus library
- Offering campus training for faculty and staff to increase their sensitivity to LGBT issues
- Regular LGBT campus climate assessment*

*A variety of tools exist; for suggestions see:
- LGBT-Friendly Campus Climate Index → Available at: http://www.campusprideindex.org/about/default.aspx.

For additional information see:

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Biomedical HIV Prevention

- Pre-exposure Prophylaxis (PrEP)
  - Aims to prevent acquisition of HIV
  - Use of antiretroviral agents BEFORE potential exposure
  - Several trials underway
  - Current recommendation = daily use of one (tenofovir) or two (tenofovir/emtricitabine) oral antiretroviral agents

- Post-exposure Prophylaxis PEP
  - Aims to prevent establishment of HIV infection after exposure
  - Short-term use of antiretroviral agents AFTER exposure (either known of suspected)

- Rectal Microbicide:
  - Currently in development and research underway (at this point no proven anal microbicide available commercially)
  - Agent used rectally to reduce a person’s risk of sexually transmitted infections during anal intercourse
  - Potential for offering both primary protection in absence of condoms and back-up protection if condom breaks or slips off

- Approximately 5 – 10% of world’s general population engages in anal intercourse
- For more information see:
  - http://www.cdc.gov/hiv/prevention/research/prep/

- International Rectal Microbicide Advocates. 2010b. *From Promise to Product: Advancing Rectal Microbicide Research and Advocacy.* Available
Preventive Medicine: Mental Health Screening for LGBT Patients

- Goal = prevention, early detection, and treatment of:
  - Smoking/ Tobacco Usage
  - Substance abuse
  - Alcohol abuse
  - Depression
  - Anxiety
  - Suicidal ideation
  - Risky behaviors
  - Intimate partner violence

- For more information see:
  - http://www.cdc.gov/msmhealth/for-your-health.htm
  - http://www.cdc.gov/lgbthealth/

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### Preventive Medicine: Screening & Vaccinations for Gay and Bisexual Men

- **Sexual Health Screening (CDC recommendations):**
  - HIV (at least annually)
  - Syphilis
  - Chronic Hepatitis B infection
  - Hepatitis C → if engage in risky behaviors
  - Genital Herpes
  - Chlamydia and Gonorrhea testing:
    - Of throat → if had receptive oral sex in past year
    - Of penis → if had insertive anal or oral sex in past year
    - Of rectum → if had receptive anal sex in past year

- **General Health Screenings:**
  - Anal Cancer
  - Prostate Cancer
  - Colorectal Cancer

- **CDC Recommended Vaccinations:**
  - Hepatitis A and Hepatitis B vaccinations
  - Seasonal flu and the H1N1 flu vaccinations
  - HPV vaccine

- For sexual health screening → usually done annually
  - May want to test more often—every three to six months—if patient has multiple or anonymous partners, sex in conjunction with drug use, use methamphetamine, or have sex partners that participate in these activities

- Hep A & Hep B Vaccines:
  - 2 doses of Hepatitis A vaccine for lasting protection; doses should be given at least six months apart
  - Series of three or four doses of Hepatitis B vaccine given providing long-lasting protection

- HPV Vaccine:
  - HPV vaccine given as three-dose series over a six month time period

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Preventive Medicine: Screening & Vaccinations for Lesbians and Bisexual Women

- **Sexual Health:**
  - Human Papilloma Virus
  - Bacterial vaginosis
  - Common STDs (as deemed necessary) → syphilis, gonorrhea, chlamydia, pubic lice, herpes
  - HIV → especially if having sex with gay or bisexual males

- **General Health:**
  - Breast Cancer
  - Cervical Cancer
  - Heart disease
  - High blood pressure
  - Cholesterol
  - Diabetes

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Osteopathic Manipulative Treatment Considerations:
Sensitivity and hand placement for transitioning/ transgender patients

- Do not make assumptions about gender based on appearance or behavior
- Ask direct questions in a non-judgmental fashion
- Base physical/structural exam on organs present not perceived gender (important for hand placement)
- Communicate with your patient to determine comfort with usage of certain techniques and hand placement

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Select Resources to Address Health Problems Discussed in Slides:

- Important vocabulary
- Human sexuality
- General health
- Eating disorders
  - http://www.nationaleatingdisorders.org/medical-professionals
- Violence and Victimization
  - http://issues.com/lightagingcenter/docs/ocewu_2012_inreport_final
- Smoking
Select Resources to Address Health Problems Discussed in Slides:

- Mental Health
  - [http://www.thetrevorproject.org/section/resources](http://www.thetrevorproject.org/section/resources)
- Substance Abuse
- Sexual Health
- HIV/AIDS
- LGBT Family Planning
- LGBT Geriatric Population
  - [http://www.lgbtagingcenter.org/index.cfm](http://www.lgbtagingcenter.org/index.cfm)
- Biomedical HIV Prevention